B 1 (Official Form () (1/08) 10557 Doc 1 Filed 04/28/08 Entered 04/28/08 14:17:13 Desc Main Page 1 of 26 United States Bankruptey Court Voluntary Petition Name of Debtor (if individual, enter Last, First, Middle): Hartnett, Margaret Patricia Name of Joint Debtor (Spouse) (Last, First, Middle): All Other Names used by the Debtor in the last 8 years All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names): (include married, maiden, and trade names): Last four digits of Soc. Sec. or Indvidual-Taxpayer I.D. (ITIN) No./Complete EIN Last four digits of Soc. Sec. or Indvidual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 8114 (if more than one, state all): Street Address of Debtor (No. and Street, City, and State): Street Address of Joint Debtor (No. and Street, City, and State): 297 Joanna ct Apt 304 Antioch, IL ZIP CODE **60002** County of Residence or of the Principal Place of Business. Lake ZIP CODE County of Residence or of the Principal Place of Business Mailing Address of Debtor (if different from street address): Mailing Address of Joint Debtor (if different from street address): ZIP CODE ZIP CODE Location of Principal Assets of Business Debtor (if different from street address above) ZIP CODE Type of Debtor Nature of Business Chapter of Bankruptcy Code Under Which (Form of Organization) (Check one box.) the Petition is Filed (Check one box.) (Check one box.) Health Care Business  $\square$ Chapter 7 Chapter 15 Petition for Individual (includes Joint Debtors) Single Asset Real Estate as defined in Chapter 9 Recognition of a Foreign See Exhibit D on page 2 of this form. 11 U.S.C. § 101(51B) Chapter 11 Main Proceeding Corporation (includes LLC and LLP) Railroad Chapter 12 Chapter 15 Petition for Partnership Stockbroker Chapter 13 Recognition of a Foreign Other (If debtor is not one of the above entities, Commodity Broker Nonmain Proceeding check this box and state type of entity below.) Clearing Bank Other Nature of Debts (Check one box.) Tax-Exempt Entity (Check box, if applicable.) ☐ Debts are primarily consumer Debts are primarily debts, defined in 11 U.S.C. business debts. Debtor is a tax-exempt organization § 101(8) as "incurred by an under Title 26 of the United States individual primarily for a Code (the Internal Revenue Code). personal, family, or household purpose. Filing Fee (Check one box.) Chapter 11 Debtors Check one box: Full Filing Fee attached. Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). Filing Fee to be paid in installments (applicable to individuals only). Must attach Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. Check if: Debtor's aggregate noncontingent liquidated debts (excluding debts owed to Filing Fee waiver requested (applicable to chapter 7 individuals only). Must insiders or affiliates) are less than \$2,190,000. attach signed application for the court's consideration. See Official Form 3B. Check all applicable boxes: A plan is being filed with this petition. Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b) Statistical/Administrative Information THIS SPACE IS FOR COURT USE ONLY Debtor estimates that funds will be available for distribution to unsecured creditors. V Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for UNITED distribution to unsecured creditors. VITED STATES BANKRUPTCY COUR **Estimated Number of Creditors**  $\Box$ П ഗ 50-99 1-49 100-199 200-999 1,000 5,001-10,001-APR 25,001-50,001-Over J 5,000 10.000 25,000 50,000 100,00 100,000 Estimated Assets V  $\infty$ \$0 to \$100,001 to \$50,001 to \$500,001 \$1,000,001 \$10,000,001 \$50,000,001 \$100,000,001 \$500,000,001 More the \$50,000 \$100,000 \$500,000 to \$1 to \$10 to \$50 to \$100 to \$500 to \$1 billion \$1 bill 📶 million million million million million m Estimated Liabilities Ø П П П \$50,001 to \$0 to \$100,001 to \$500,001 \$1,000,001 \$10,000,001 \$50,000,001 \$100,000,001 \$500,000,001 More than \$50,000 \$100,000 \$500,000 to \$1 to \$10 to \$50 to \$100 to \$500

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to \$1 billion

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B 1 (Official For	Case 08-10557 Doc 1 Filed 04/28/08	Entered 04/28/08 14:17:13	B Desc Main
Voluntary Per	tition	Page 2 of 26 Name of Debtons):	
This page mus	st be completed and filed in every case.)  All Prior Bankruptcy Cases Filed Within Last 8 )	(ears (If more than two attachedditional sheet)	artnett
Location Where Filed:		Case Number:	Date Filed: 2006
Location Where Filed:		Case Number:	Date Filed:
Wikit Filed.	Pending Bankruptcy Case Filed by any Spouse, Partner, or Affil	liate of this Debtor (If more than one, attach ad	ditional sheet )
Name of Debto	or:	Case Number:	Date Filed:
District:		Relationship:	Judge:
	Exhibit A	Exhibit B	
10Q) with the	ted if debtor is required to file periodic reports (e.g., forms 10K and Securities and Exchange Commission pursuant to Section 13 or 15(d) s Exchange Act of 1934 and is requesting relief under chapter 11.)	(To be completed if debtor whose debts are primarily of	onsumer debts.)
of the security	s Exchange Act of 1954 and is requesting fetter under chapter 1(.)	I, the attorney for the petitioner named in the have informed the petitioner that [he or she] in 12, or 13 of title 11, United States Code, available under each such chapter. I further of debtor the notice required by 11 U.S.C. § 3420	may proceed under chapter 7, 11, and have explained the relief ertify that I have delivered to the
Exhibit A	A is attached and made a part of this petition.	х	
		Signature of Attorney for Debtor(s) (1	Date)
	Exhibit	c	
Does the debtor	own or have possession of any property that poses or is alleged to pose a	a threat of imminent and identifiable harm to put	olic health or safety?
Yes, and	Exhibit C is attached and made a part of this petition.		
☑ No.			
			····
	Exhibit	D	
(To be comp	leted by every individual debtor. If a joint petition is filed	anch energe must complete and att.	
			n a separate Exhibit D.)
Exhibit	bit D completed and signed by the debtor is attached and n	nade a part of this petition.	
If this is a joi	nt petition:		
☐ Exhib	oit D also completed and signed by the joint debtor is attac	hed and made a part of this petition.	
	Information Regarding th	e Dehtor - Venno	
Ø	(Check any applied Debtor has been domiciled or has had a residence, principal place of be preceding the date of this petition or for a longer part of such 180 days	able box.)	80 days immediately
	There is a bankruptcy case concerning debtor's affiliate, general partner		
	Debtor is a debtor in a foreign proceeding and has its principal place of		- in a to Division
	has no principal place of business or assets in the United States but is this District, or the interests of the parties will be served in regard to the	8 defendant in an action or proceeding fin a fade	eral or state court] in
	Certification by a Debtor Who Resides as a (Check all applicable	a Tenant of Residential Property to boxes.)	
	Landlord has a judgment against the debtor for possession of debtor	's residence. (If box checked, complete the follow	owing.)
	ē	Name of landlord that obtained judgment)	
		Address of landlord)	
	Debtor claims that under applicable nonbankruptcy law, there are cirentire monetary default that gave rise to the judgment for possession,	cumstances under which the debtor would be pe, after the judgment for possession was entered,	rmitted to cure the and
	Debtor has included with this petition the deposit with the court of ar filing of the petition.	ry rent that would become due during the 30-day	period after the
Ø	Debtor certifies that he/she has served the Landlord with this certifica	ation. (11 U.S.C. § 362(l)).	

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Voluntary Petition	Page 3
(This page must be completed and filed in every case.)	Name of Debtor(s) Macagacet Hartnett
	gratures Purify Hartrutt
Signature(s) of Debtor(s) (Individual/Joint)	Signature of a Foreign Representative
	- · · · · · · · · · · · · · · · · · · ·
I declare under penalty of perjury that the information provided in this petition is true and correct.	I declare under penalty of perjury that the information provided in this petition is true
[If petitioner is an individual whose debts are primarily consumer debts and has	and correct, that I am the foreign representative of a debtor in a foreign proceeding and that I am authorized to file this petition.
chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12	2
or 13 of title 11, United States Code, understand the relief available under each such	(Check only one box.)
chapter, and choose to proceed under chapter 7.	I request relief in accordance with charger 15 of title 11. United States Code
[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).	Certified copies of the documents required by 11 U.S.C. § 1515 are attached.
	D Dimmert to 13 U.C.C. 6 35 U.J.
I request relief in accordance with the chapter of title 11, United States Code,	
specified in this petition.	order granting recognition of the foreign main proceeding is attached.
Mannet Heathy to	
Signature of Debuor	X (Signature of Foreign Representative)
X	(Organization of Foreign representation)
Signature of Joint Debtor	
847-838-1656	(Printed Name of Foreign Representative)
Signature of Joint Debtor & 47-838-1656  Telephone Number (if not represented by attorney) 4-2-08	
Date 7-2-08	Date
Signature of Attorney*	Signature of Non-Attorney Bankruptcy Petition Preparer
X	· <b>i</b>
Signature of Attorney for Debtor(s)	I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have
	provided the debtor with a copy of this document and the notices and information
Printed Name of Attorney for Debtor(s)	1 required under 11 U.S.C. §§ 110(b), 110(b), and 342(b); and (3) if rules or
Firm Name	guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruntey petition preparers. I have given the debtor
Address	house of the maximum amount before preparing any document for filing for a debtor
Address	or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.
	attached.
Telephone Number	
	Printed Name and title, if any, of Bankruptcy Petition Preparer
Date	Social-Security number (If the bankruptcy petition preparer is not an individual,
*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a	state the Social-Security number of the officer, principal responsible person or
certification that the attorney has no knowledge after an inquiry that the information	partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)
in the schedules is incorrect.	
Signature of Debtor (Corporation/Partnership)	Address
I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the	X
and correct, and that I have been authorized to file this petition on behalf of the debtor.	
	Date
The debtor requests the relief in accordance with the chapter of title 11, United States Code, specified in this petition.	
	Signature of bankruptcy petition preparer or officer, principal, responsible person, or
X Signature of Authorized Individual	partner whose Social-Security number is provided above.
Signature of Authorized Individual	Names and Social-Security numbers of all other individuals who prepared or assisted
Printed Name of Authorized Individual	in preparing this document unless the bankruptcy petition preparer is not an
That were default from the table t	individual.
Title of Authorized Individual	If more than one person prepared this document, attach additional sheets conforming
Date	to the appropriate official form for each person.
	·
	A bankruptcy petition preparer's failure to comply with the provisions of title 11 and
	the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.
	3.00.

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ln re	Margaret Ha	artnett	Case No.		

Debtor

<b>SCHEDULE</b>	<b>A</b> -	REAL	<b>PROPERTY</b>

(If known)

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WITE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
none	none			
			попе	0
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l i				
	Tota	ı,	0	·

(Report also on Summary of Schedules.)

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In re	Margaret Patricia Hartnett	•	Case No.
	Debtor		(If known)

#### SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSEAND, WITH, YOUT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	0			0.00
<ol> <li>Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and home- stead associations, or credit unions, brokerage houses, or cooperatives.</li> </ol>		Savings		25.00
<ol> <li>Security deposits with public util- ities, telephone companies, land- lords, and others.</li> </ol>				0.00
<ol> <li>Household goods and furnishings, including audio, video, and computer equipment.</li> </ol>				0.00
Books; pictures and other art objects; antiques; stamp, coin, record, tape, compact disc, and other collections or collectibles.				0.00
6. Wearing apparel.				100.00
7. Furs and jewelry.				0.00
Firearms and sports, photo- raphic, and other hobby equipment.				0.00
Interests in insurance policies.  Name insurance company of each solicy and itemize surrender or effort of each.  The surrender or effort of each.				0.00
Annuities. Itemize and name ach issuer.				0.00
I. Interests in an education IRA as efined in 26 U.S.C. § 530(b)(1) or under qualified State tuition plan as defined in 6 U.S.C. § 529(b)(1). Give particulars. File separately the record(s) of any such				0.00
nterest(s). 11 U.S.C. § 521(c).)	- 1			

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In re	Margaret Patricia Hartnett	<b>;</b>	Case No.	
	Debtor		(If known)	

### **SCHEDULE B - PERSONAL PROPERTY**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUBBAND, WITH, YOUT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.				0.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.				0.00
14. Interests in partnerships or joint ventures. Itemize.				0.00
15. Government and corporate bonds and other negotiable and non-negotiable instruments.				0.00
16. Accounts receivable.				0.00
Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.		child support		1,600.00
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.				0.00
19. Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A — Real Property.		Í		0.00
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.				0.00
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and				
rights to setoff claims. Give estimated value of each.				0.00

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In re Margaret Patricia Hartnett

Case No	
	(If known)

### **SCHEDULE B - PERSONAL PROPERTY**

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WITE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY, WITH- OUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
22. Patents, copyrights, and other intellectual property. Give particulars.				0.00
23. Licenses, franchises, and other general intangibles. Give particulars.				0.00
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.				0.00
25. Automobiles, trucks, trailers, and other vehicles and accessories.				0.00
26. Boats, motors, and accessories.				0.00
27. Aircraft and accessories.				9.00
28. Office equipment, furnishings, and supplies.				0.00
29. Machinery, fixtures, equipment, and supplies used in business.				0.00
30. Inventory.				0.00
31. Animals.				0.00
32. Crops - growing or harvested. Give particulars.				0.00
33. Farming equipment and implements.				0.00
34. Farm supplies, chemicals, and feed.				0.00
35. Other personal property of any kind not already listed. Itemize.				0.00
		continuation sheets attached Tota	<b>&gt;</b> 5	1,725.00

In so	Margaret Patricia Hartnett			
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In re	Margaret Patricia Hartnett	Case No.
	Debtor	(If known)

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under: (Check one box)  ☐ 11 U.S.C. § 522(b)(2)  ☐ 11 U.S.C. § 522(b)(3)	☐ Check if debtor claims a homestead exemption that exceeds \$136,875.
---	--

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTION
none	none	0	0
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1			

In re	Court NY	
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In re,	Case No.
Debtor	(If known)

### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:	☐ Check if debtor claims a homestead exemption that exceed
(Check one box)	<b>\$136,875</b> .
□ 11 U.S.C. § 522(b)(2)	
□ 11 U.S.C. § 522(b)(3)	

	EXEMPTION	WITHOUT DEDUCTING EXEMPTION
ı∕a	0	0

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In re Margaret Patricia Hartnett ,	Case No.
Debtor	(If known)

#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	PORTION, 1F
ACCOUNT NO.								
İ								
						ļ		
ACCOUNT NO.			VALUE \$					
		į						
			VALUE \$					
ACCOUNT NO.								
continuation sheets			VALUE \$ Subtotal ▶			$\rightarrow$	\$	
attached			(Total of this page)				J.	\$
			Total ► (Use only on last page)				s	s
							(Report also on Summary of Schedules.)	(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.)

In re	_,	Case No.
Debtor	•	(if known)

### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

(Continuation Sheet)

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND AN ACCOUNT NUMBER (See Instructions Above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIN WITHOUT DEDUCTING VALUE OF COLLATERAL	PORTION, IF
ACCOUNT NO.	l							
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CCOUNT NO.								
		-	VALUE \$					
COUNT NO.								
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		v	ALUE \$					
neet no of continuation neets attached to Schedule of reditors Holding Secured laims			Subtotal (s)► (Total(s) of this page)	<b></b>			\$	\$
			Total(s) ► (Use only on last page)			;	5	\$
						( 5	Report also on Summary of Schedules.)	(If applicable, report also on Statistical Summary

report also on Statistical Summary of Certain Liabilities and Related Data.) Case 08-10557 Doc 1 Filed 04/28/08 Entered 04/28/08 14:17:13 Desc Main Document Page 12 of 26

B6E (Official Form 6E) (12/07)

In <i>r</i> e	Margaret Patricia Hartnett	Case No
	Debtor	(if known)

### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.
TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets.)
Domestic Support Obligations
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
Extensions of credit in an involuntary case

OΓ

Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).

	Wages,	salaries,	and	commissions
--	--------	-----------	-----	-------------

Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950\* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).

#### Contributions to employee benefit plans

Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).

DOE (Official Form 6E) (12/07) - Cont.		
In re Margaret Patricia Harti Debtor	ett , Case	e No (if known)
		(4.02012)
Certain farmers and fishermen		
	\$5,400* per farmer or fisherman, ag	gainst the debtor, as provided in 11 U.S.C. § 507(a)(6).
Deposits by individuals		
Claims of individuals up to \$2,425* for deposithat were not delivered or provided. 11 U.S.C. §	s for the purchase, lease, or rental of $507(a)(7)$ .	f property or services for personal, family, or household use,
Taxes and Certain Other Debts Owed to (	overnmental Units	
Taxes, customs duties, and penalties owing to	ederal, state, and local governmental	units as set forth in 11 U.S.C. § 507(a)(8).
Commitments to Maintain the Capital of a	n Insured Depository Institution	
Claims based on commitments to the FDIC, RT Governors of the Federal Reserve System, or the § 507 (a)(9).	C, Director of the Office of Thrift Si r predecessors or successors, to main	upervision, Comptroller of the Currency, or Board of ntain the capital of an insured depository institution. 11 U.S.C.
Claims for Death or Personal Injury Whik	Debtor Was Intoxicated	
Claims for death or personal injury resulting fredrug, or another substance. 11 U.S.C. § 507(a)(1	m the operation of a motor vehicle o )).	or vessel while the debtor was intoxicated from using alcohol, a
Amounts are subject to adjustment on April 1, 2 djustment.	010, and every three years thereafter	with respect to cases commenced on or after the date of
	continuation sheets attac	ched

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Case 08-10557 Doc 1 Filed 04/28/08 Entered 04/28/08 14:17:13 Desc No.  B6E (Official Form 6E) (12/07) - Cont. Document Page 14 of 26  In re Margaret Patricia Hartnett, Case No.		Debtor			_	(if k	mown)	
	In re	Margaret Patrici	a Hartnett	<b>,</b>	Case No.			
Casa 00 10FF7	В6Е (			Filed 04/28/08 Document			L4:17:13	Desc Main

(Continuation Sheet)

Type of Priority for Claims Listed on This Sheet

							ype of Friority i	or Chims Dister	OZ THIS SHEEL
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM	AMOUNT ENTITLED TO PRIORITY	AMOUNT NOT ENTITLED TO PRIORITY, IF ANY
Account No.									
Account No.									
Account No.					:				
Account No.									
							i.		
Sheet no of continuation sheets attache Creditors Holding Priority Claims	ed to Scho	xhile of			btotals		<b>s</b>	s	
(Totals of this page  Total)  (Use only on last page of the completed Schedule E. Report also on the Summary of Schedules.)						>	s		
	Totals> (Use only on last page of the completed Schedule E. If applicable, report also on the Statistical Summary of Certain Liabilities and Related Data.)							s	\$

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In re	Margaret Patricia Hartnett	 Case No.
	Debtor	 (if known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
		H	SETOFF, SO STATE.	ည	CINIC		
ACCOUNT NO. 5489555118884			03-01-07				
HSBC Bank PO Box 80084 Salinas, CA 93912-0084							1,000.00
ACCOUNT NO. 73019A			01/2007				
Kenosha Pathology 814 S 8TH ST MANITOWOC, WI 54220							160.00
ACCOUNT NO. 1001589167			12/2004				
DR. RALPH G. FRANK D.O. 1700 KIEFER DR STE 1 ZION, IL 60099		:					600.00
ACCOUNT NO. 3309			05/2007				
Asset Acceptence. LLC po box 2036 warren, MI 48090							1,200.00
ACCOUNT NO. <b>1524583</b>			11/2003				
Certified Services 1733 washington # 2 Waukegan, IL 60085							280.00
Sheet noofcontinuation she to Schedule of Creditors Holding Unsecured Nonpriority Claims		hed			Subto	tal➤	s 3,240.00
		(Report al	(Use only on last page of the co so on Summary of Schedules and, if applic Summary of Certain Liability	able on	l Schedul the Statis	stical	\$

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In re	Margaret Patricia Hartnett	<b>,</b>	Case No.	
-	Debtor			(if known)

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F. HUSBAND, WIFE, JOINT, OR COMMUNITY CREDITOR'S NAME, DATE CLAIM WAS AMOUNT OF JNLIQUIDATED MAILING ADDRESS CODEBTOR CONTINGENT **INCURRED AND CLAIM** DISPUTED INCLUDING ZIP CODE, CONSIDERATION FOR AND ACCOUNT NUMBER CLAIM. (See instructions above.) IF CLAIM IS SUBJECT TO SETOFF, SO STATE. ACCOUNT NO. 291000884705 06-01-07 NCO Financial 400.00 PO Box 17080 Wilmington, DE 19850 ACCOUNT NO. 4057310020045 04-01-07 Plains Commerce Bank 1.000.00 PO Box 91510 Siox Falls, SD 57109-1510 ACCOUNT NO. 5182840008411 03-01-07 First Bank of Delaware 1.000.00 PO Box 10596 Antlanta, GA 30348-9510 ACCOUNT NO. 4006100003151 04-01-07 Rewards 660 1.000.00 PO Box 89210 Siox Falls, SD 57109-9210 Subtotal ➤ 3,400.00 \$ continuation sheets attached (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data )

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3 6F (Official Form 6F) (12/07) - Cont.		Document	Page 17 of 26	

In re	Margaret Patricia Hartnett	 Case No.
	Debter	 (if known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
Credit Protection Assoc. 1355 NOEL RD SUITE 2100 Dallas, TX 75240			08/2007				550.00
ACCOUNT NO. 0116236296  Credit Acceptence PO BOX 513 SOUTHFIELD, MI 48037			08/2003				12,000.00
ACCOUNT NO. 584572  Creditors Alliance PO Box 1288 BLOOMINGTON, IL 61702			06/2004				50.00
ACCOUNT NO. 4244977479  I C Systems Inc. PO BOX 64378 SAINT PAUL, MN 55164			08/2007				500.00
ACCOUNT NO 851893 Midland Credit 8875 AERO DR SAN DIEGO, CA 92123			07/2006				700.00
Sheet no of continuation she to Schedule of Creditors Holding Unsecured Nonpriority Claims		hed			Subto	tal>	\$ 13,800.00
(Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							

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In re	Margaret Patricia Hartnett	Case N	0.
	Debtor		(if known)

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F. HUSBAND, WIFE, JOINT, OR COMMUNITY CREDITOR'S NAME, DATE CLAIM WAS AMOUNT OF JNLIQUIDATED CODEBTOR CONTINGENT MAILING ADDRESS INCURRED AND **CLAIM** DISPUTED INCLUDING ZIP CODE, CONSIDERATION FOR AND ACCOUNT NUMBER CLAIM. (See instructions above.) IF CLAIM IS SUBJECT TO SETOFF, SO STATE. **ACCOUNT NO. 1594610** 04-2004 Certified Services 450.00 1733 Washington st #2 Waukegan, IL 60085 ACCOUNT NO. 1600232 11-2004 Certified Service 150.00 1733 Washington St. #2 Waukegan, IL 60085 ACCOUNT NO. 1625940 11/2004 Certified Services 450.00 1733 Washing st. #2 Waukegan, IL 60085 ACCOUNT NO. 181606300436... 04/2004 Check Recovery Systems 100.00 425 W. Kelso St. Inglewood, CA 90301 Subtotal > \$ 1,150.00 continuation sheets attached (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

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In re	margaret Patricia Hartnett ,	Case No.
	Debtor	(if known)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO.  Portfolio Recvry&Affil 120 Corporate Blvd Ste 1 Norfolk, VA 23502			09/2007				200.00
ACCOUNT NO. 7915393			09/2007				
State Collection Services 2509 S Stoughton Rd Madison, WI 53716			03/2007				350.00
ACCOUNT NO. 271534			02/2004				
Verizon North PO Box 165018 Columbus, OH 43216							250.00
ACCOUNT NO. 2320049-000			09/03/2007				
Condell Medical Center 755 S. Milwaukee ave. #127 Libertyville, IL 60048		:					17,000.00
ACCOUNT NO. <b>713986911</b>			08/2007				
U.S. Cellular PO Box 7835 Madison, WI 53707-7835							800.00
Sheet noofcontinuation sheets attached to Schedule of Creditors Holding Unsecured Subtotal \$18,600.00					· •		
(Use only on last page of the completed Schedule F.)  (Report also on Summary of Schedules and, if applicable on the Statistical Summary of Certain Liabilities and Related Data.)							

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In re	Margaret Patricia Hartnett	<del>_</del>	Case No.
	Debtor		(if known)

	·,····					<b></b>	
CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.)	CODEBTOR	HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE.	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 104726385			01/2005				
State Bank of the Lakes Antioch, IL 60002							100.0
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
ACCOUNT NO.							
Sheet noofcontinuation she to Schedule of Creditors Holding Unsecured Nonpriority Claims	ets attac	hed		<b>.</b>	Subto	otal >	\$ 100.00
		(Report al:	(Use only on last page of the co so on Summary of Schedules and, if applic Summary of Certain Liabilit	able on	Schedul	stical	\$ 40,190.00

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In re	Margaret Patricia Hartnett	Case 3	No.
_	Debtor		(if known)

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data..

☐ Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F. HUSBAND, WIFE, JOINT, OR COMMUNITY CREDITOR'S NAME, DATE CLAIM WAS AMOUNT OF JNLIQUIDATED CODEBTOR CONTINGENT MAILING ADDRESS INCURRED AND CLAIM INCLUDING ZIP CODE. DISPUTED CONSIDERATION FOR AND ACCOUNT NUMBER CLAIM. (See instructions above.) IF CLAIM IS SUBJECT TO SETOFF, SO STATE. ACCOUNT NO. 07/2003 LCCAP 2.000.00 1305 N. Fairfield Rd. Round Lake, IL 60073 ACCOUNT NO. 03/2005 Linda Hucker 2.500.00 27410 w. Grand ave. Lake Villa, Il 60046 ACCOUNT NO. ACCOUNT NO. Subtotal > 4,500,00 continuation sheets attached (Use only on last page of the completed Schedule F.) 45,690.00 (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data )

	Debtor	•	······································		(if known)	
In re	Margaret Patricia	Hartnett	•	Case No.		
B6F (Off	Case 08-10557 ficial Form 6F) (12/07)	Doc 1		Entered 04/28/08 14:17:13 Page 22 of 26	Desc Main	
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#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data..

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F. HUSBAND, WIFE, JOINT, OR COMMUNITY CREDITOR'S NAME, DATE CLAIM WAS AMOUNT OF JNLIQUIDATED CODEBTOR MAILING ADDRESS CONTINGENT INCURRED AND **CLAIM** DISPUTED INCLUDING ZIP CODE, CONSIDERATION FOR AND ACCOUNT NUMBER CLAIM. (See instructions above.) IF CLAIM IS SUBJECT TO SETOFF, SO STATE. 2906725131 ACCOUNT NO. 1/2008 Com Ed Po Box 87522 2500 Chicago, IL 60680 ACCOUNT NO. ACCOUNT NO. ACCOUNT NO Subtotal> \$2500 continuation sheets attached \$48,190.00 (Use only on last page of the completed Schedule F.) (Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)

	Debto	or		(if kn	own)
In re _	Margar	et Patricia l	Hartnett ,	Case No	
B6G (0	Official Form 60	G) (12/07)			
			Document	Page 23 of 26	
Case	9 08-T0221	DOC T	FIIE0 04/28/08	Entered 04/28/08 14.17	13 Descimai

#### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Ø	Check this	box if debtor	has no exec	cutory contracts	or unexpired	leases
•	CHCCE ans	OUX II UCOIOI	HW HO CYCL	cutory contracts	ог шкехриец	icasc

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE, OF OTHER PARTIES TO LEASE OR CONTRACT.	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

	se 08-10557     <b>Form 6H</b> ) (1 <b>2/0</b> 7)	Doc 1	Entered 04/28/08 14:17:13 Page 24 of 26	Desc Main	
In re	Margaret Patricia Ha	artnett	Case No		

[п ге	Margaret Patricia Hartnett	Case No.
	Debtor	(if known)

#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

B.f	AME AND ADDRESS OF CODEDON	
147	AME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

B6I (Official Form 6I) (12/07); //	/Document	Page 25 of 26	
In re 10 (00 ce + 10 cm)	4. H.	Case No.	
Debtor			(if known)

### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on Form 22A, 22B, or 22C.

RELATIONSHIP(S): Daughter, Son  AGE(S): 9,6  Employment: DEBTOR SPOUSE  Scoupation N/A  Jame of Employer Took tow long employed  Address of Employer  COME: (Estimate of average or projected monthly income at time case filed)  Monthly gross wages, salary, and commissions (Prorate if not paid monthly)  Strimate monthly overtime  SUBTOTAL  LESS PAYROLL DEDUCTIONS  1. Payroll taxes and social security 1. Disarrance 1. Union dues 1. Other (Specify): SUBTOTAL OF PAYROLL DEDUCTIONS  FOR THE MONTHLY TAKE HOME PAY  Regular income from operation of business or profession or farm (Attach detailed statement)  The component of the debtor's use or that of dependents listed above  Social security or government assistance (Specify): Pension or retirement income  Other monthly income (Specify):  SUBTOTAL OF LINES 7 THROUGH 13  AVERAGE MONTHLY INCOME: (Combine column)  From line 15)  RELATIONSHIP(S): Daughter, Son  SPOUSE  SPOUSE  SPOUSE  SPOUSE  \$ 0.000 \$  \$ 0.000 \$  \$  \$ 0.000 \$ 0.000 \$  0.000 \$ 0.000 \$  0.000 \$  0.000 \$  0.000 \$  0.000 \$  0.000 \$  0.000 \$ 0.000 \$  0.000 \$  0.000 \$  0.000 \$  0.000 \$  0.000 \$  0.000 \$  0.	Debtor's Marital	DEPENDI	DENTS OF DEBTOR AND SPOUSE				
Employment: DEBTOR SPOUSE  Cocupation N/A  Name of Employer  tow long employed Address of Employer  COME: (Estimate of average or projected monthly income at time case filed)  Monthly gross wages, salary, and commissions  (Prorate if not paid monthly)  Sistimate monthly overtime  SUBTOTAL  LESS PAYROLL DEDUCTIONS  a. Payroll taxes and social security  b. Insurance  c. Union dues  d. Other (Specify):  SUBTOTAL OF PAYROLL DEDUCTIONS  ROTAL NET MONTHLY TAKE HOME PAY  Regular income from operation of business or profession or farm (Attach detailed statement) neomer from real property necrest and dividends  Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above  Social security or government assistance (Specify):  SUBTOTAL OF LINES 7 THROUGH 13  AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14)  COMBINED AVERAGE MONTHLY INCOME (Combine column)  from line 15)  REPOTAL SUBmorary of Schedules and, if applicable.	Singly	RELATIONSHIP(S): Daughter, Son		AGE(S): 9,6			
DEBTOR   SPOUSE	,	DEBTOR	SPOUSE				
Name of Employer  Towlorg employed Address of Employer  COME: (Estimate of average or projected monthly income at time case filed)  COME: (Estimate of average or projected monthly income at time case filed)  South of the complex of the complex of the case filed of							
flow long employed Address of Employer  COME: (Estimate of average or projected monthly income at time case filed)  Monthly gross wages, salary, and commissions ((Prorate if not paid monthly)  SUBTOTAL  LESS PAYROLL DEDUCTIONS  a. Payroll taxes and social security  b. Insurance  c. Union dues  1. O.00  1. O.							
Address of Employer  COME: (Estimate of average or projected monthly income at time case filed)  SOUNCE: (Estimate of average or projected monthly income at time case filed)  SOUNCE: (Estimate of average or projected monthly income at time case filed)  SOUNCE: (Estimate of average or projected monthly income at time case filed)  SOUNCE: (Sounce: SOUNCE: SO				· · · · · · · · · · · · · · · · · · ·			
COME: (Estimate of average or projected monthly income at time case filed)  Monthly gross wages, salary, and commissions (Prorate if not paid monthly)  Estimate monthly overtime  SUBTOTAL  LESS PAYROLL DEDUCTIONS  a. Payroll taxes and social security  5. 0.00  5. 1. 0.00  6. 1. 0.0							
Sample   S							
Monthly gross wages, salary, and commissions (Prorate if not paid monthly)  Estimate monthly overtime  SUBTOTAL  LESS PAYROLL DEDUCTIONS  a. Payroll taxes and social security 5. 0.00			DEBTOR	SPOUSE			
Monthly gross wages, salary, and commissions (Prorate if not paid monthly) Estimate monthly overtime  SUBTOTAL  LESS PAYROLL DEDUCTIONS a. Payroll taxes and social security b. Insurance c. Union dues d. Other (Specify): SUBTOTAL OF PAYROLL DEDUCTIONS  Regular income from operation of business or profession or farm (Attach detailed statement) neome from real property neome from real property neome from real property neome from real property the debtor's use or that of dependents listed above Social security or government assistance (Specify): Pension or retirement income Other monthly income (Specify): SUBTOTAL OF LINES 7 THROUGH 13  AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14) SCOMBINED AVERAGE MONTHLY INCOME: (Combine column is from line 15)  SUBTOTAL of Lines and commissions  \$ 0.00 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	case fi	led)	• 000	fr.			
(Prorate if not paid monthly) Estimate monthly overtime  SUBTOTAL  LESS PAYROLL DEDUCTIONS a. Payroll taxes and social security b. Insurance c. Union dues c. Union c. U	Monthly gross wag	es, salary, and commissions	30.00	<u> </u>			
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LESS PAYROLL DEDUCTIONS  a. Payroll taxes and social security  b. Insurance  c. Union dues  c. Union dues  d. Other (Specify):  SUBTOTAL OF PAYROLL DEDUCTIONS  Regular income from operation of business or profession or farm  (Attach detailed statement)  norome from real property  nterest and dividends  Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above  Social security or government assistance  (Specify):  Pension or retirement income  (Specify):  Pension or retirement income  (Specify):  SUBTOTAL OF LINES 7 THROUGH 13  AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14)  COMBINED AVERAGE MONTHLY INCOME: (Combine column is from line 15)  Report also on Summary of Schedules and, if applicable.				<u> </u>			
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a. Payroll taxes and social security b. Insurance c. Union dues d. Other (Specify): d. O	LESS PAYROLL [	DEDUCTIONS					
S. Union dues 2. Union dues 3. 0.00 5. Union dues 4. Other (Specify): 5. 0.00 5. SUBTOTAL OF PAYROLL DEDUCTIONS 6. Union dues 6. Other (Specify): 7. Other Monthly Take HOME PAY 7. Other Monthly income 7. Other Monthly income 8. Other Monthly income 9. Other Mont			\$ 0.00	\$			
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SUBTOTAL OF PAYROLL DEDUCTIONS  FOTAL NET MONTHLY TAKE HOME PAY  Regular income from operation of business or profession or farm  (Attach detailed statement)  neone from real property  netreest and dividends  Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above  Social security or government assistance  (Specify):  Pension or retirement income  Other monthly income  (Specify):  SUBTOTAL OF LINES 7 THROUGH 13  AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14)  COMBINED AVERAGE MONTHLY INCOME: (Combine column s from line 15)  SUBTORIAL OF Schedules and, if applicable.			\$0.00	<b>S</b>			
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Regular income from operation of business or profession or farm  (Attach detailed statement)  neome from real property  nterest and dividends  Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above  Social security or government assistance  (Specify):			30.00	3			
(Attach detailed statement) ncome from real property nterest and dividends Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above Social security or government assistance (Specify):	OTAL NET MON	THLY TAKE HOME PAY	\$ 0.00	\$			
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Interest and dividends Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above  Social security or government assistance (Specify):  Pension or retirement income Other monthly income (Specify):  SUBTOTAL OF LINES 7 THROUGH 13  AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14)  COMBINED AVERAGE MONTHLY INCOME: (Combine column s from line 15)  Report also on Summary of Schedules and, if applicable.	(Attach detailed st	atement)					
Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above  Social security or government assistance (Specify):				<b>S</b>			
Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above  Social security or government assistance (Specify):  Pension or retirement income Other monthly income (Specify):  SUBTOTAL OF LINES 7 THROUGH 13  AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14)  COMBINED AVERAGE MONTHLY INCOME: (Combine column s from line 15)  AREA OF LINES 7 THROUGH 13  SUBTOTAL OF LINES 7 THROUGH 13  AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14)  COMBINED AVERAGE MONTHLY INCOME: (Combine column s from line 15)  Report also on Summary of Schedules and, if applicable.			<b>s</b> 0.00	\$			
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Specify:			1,000,00	Ψ			
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Other monthly income \$ 0.00 \$  (Specify): \$ 0.00 \$  SUBTOTAL OF LINES 7 THROUGH 13 \$ 1,600.00 \$  AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14)  COMBINED AVERAGE MONTHLY INCOME: (Combine column s from line 15)  (Report also on Summary of Schedules and, if applicable.		at income	\$8	\$			
SUBTOTAL OF LINES 7 THROUGH 13  AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14)  COMBINED AVERAGE MONTHLY INCOME: (Combine column is from line 15)  S 0.00 S  1,600.00 S  1,600.00 S  (Report also on Summary of Schedules and, if applicable.			\$ 0.00	\$			
SUBTOTAL OF LINES 7 THROUGH 13  AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14)  COMBINED AVERAGE MONTHLY INCOME: (Combine column s from line 15)  S 1,600.00 \$  1,600.00 \$  (Report also on Summary of Schedules and, if applicable.							
AVERAGE MONTHLY INCOME (Add amounts on lines 6 and 14)  COMBINED AVERAGE MONTHLY INCOME: (Combine column is from line 15)  \$\frac{1,600.00}{\text{\$\sum_{\text{AGO}}}}\$\$  (Report also on Summary of Schedules and, if applicable.)				T			
COMBINED AVERAGE MONTHLY INCOME: (Combine column s from line 15)  \$ 1,600.00  (Report also on Summary of Schedules and, if applicable.)	SUBTOTAL OF LI	NES 7 THROUGH 13	s <u>1,600.00</u>	\$			
s from line 15) (Report also on Summary of Schedules and, if applicable.	AVERAGE MONT	THLY INCOME (Add amounts on lines 6 and 14)	<u>\$1,600.00</u>	<u>s</u>			
s from line 15) (Report also on Summary of Schedules and, if applicable.	COMBINED AVE	RAGE MONTHLY INCOME: (Combine column	s	1,600.00			
(Neport also on Summary of Schedules and, if applicable,		COMOTICE I MCOME. (COMOTIC COMMIT					
			on Statistical Summar	ry of Schedules and, if applicable,			

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In re,	Case No
Debtor	(if known)

# SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C

allowed on Form22A or 22C.		in Breoine
Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of experiences	nditures labeled	"Spouse."
1. Rent or home mortgage payment (include lot rented for mobile home)	2	700.00
a. Are real estate taxes included? YesNo	•	
b. Is property insurance included? Yes No V		
2. Utilities: a. Electricity and heating fuel	s	75.00
b. Water and sewer	\$	0.00
c. Telephone	\$	100.00
d. Other	\$	0.00
3. Home maintenance (repairs and upkeep)	\$	0.00
4. Food	\$	300.00
5. Clothing	\$	50.00
6. Laundry and dry cleaning	\$	50.00
7. Medical and dental expenses	\$	100.00
8. Transportation (not including car payments)	\$	100.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	s	0.00
10.Charitable contributions	<u> </u>	0.00
11. Insurance (not deducted from wages or included in home mortgage payments)		
a. Homeowner's or renter's	\$	0.00
b. Life	s	0.00
c. Health	\$	0.00
d. Auto	\$	35.00
e. Other	<b>s</b>	0.00
12. Taxes (not deducted from wages or included in home mortgage payments) (Specify)	·	0.00
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)		
a. Auto	\$	
b. Other		
c. Other		
14. Alimony, maintenance, and support paid to others		
15. Payments for support of additional dependents not living at your home		
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	*	
17. Other	\$	<del></del>
<ol> <li>AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</li> </ol>	<b>s</b> 1	1,510.00
9. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document:		
0. STATEMENT OF MONTHLY NET INCOME		
a. Average monthly income from Line 15 of Schedule I	s 1	,600.00
b. Average monthly expenses from Line 18 above	***************************************	,510.00
c. Monthly net income (a. minus b.)	₹	90.00